



**Facsimile Transmission**

TO: *Federal Elections Commission*

FROM: *Sheldon Whitehouse*

FAX: *202-219-0174*

PAGES: *2*

PHONE:

DATE: *5/11/05*

25038811835

Whitehouse for Senate - P.O. Box 40280 - Providence, R.I. 02940

Paid for by Whitehouse '06

# FEC FORM 2

## STATEMENT OF CANDIDACY

2 - Amend

0612

1. (a) Name of Candidate (in full) <b>SHELDON WHITEHOUSE II</b>		2. Identification Number <b>56RI00221</b>	
(b) Address (number and street) <b>32 ELMGROVE AVENUE</b>		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code <b>PROVIDENCE, RI 02906</b>		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation <b>DEMOCRAT</b>	5. Office Sought <b>U.S. SENATE</b>	6. State & District of Candidate <b>RHODE ISLAND</b>	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2006** election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>WHITEHOUSE '06</b>
(b) Address (number and street) <b>PO BOX 150</b>
(c) City, State, and ZIP Code <b>WAKEFIELD, RHODE ISLAND 02880</b>

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A **180,000.00** for the primary election, and

9B **0.00** for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date <b>5/9/05</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

My <b>5/13</b>	RD/B <b>5/13</b>	SPW <b>5/13</b>						
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FEC FORM 2 (REV. 02/2003)

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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